

Foster Family Home - Corrective Action Report

Provider ID: 1-150038

Home Name: Danette Zimmerman, NA

Review ID: 1-150038-5

103 Leilehua Road

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 7/11/2018

End Date: 9/13/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 7/11/18. Corrective Action Report issued during home visit with all items due to CTA by 8/11/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No proof of current TB clearance(and no X-ray) for CG #3 and HHM #1. Expired on 7/27/7.

41.(b)(8) - CPR and First Aid certification obtained via the internet for CG #1 and CG #3.

Compliance Manager

Primary Care Giver

Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Danette Zimmerman CCFFH

CCFFH Address: 103 Leilehua Road, Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)	I have obtained current TB clearances from CG #3 and HHM #1 and placed the forms in my CTA binder.	9/6/18	I placed the Expiration dates for TB for all CG's and HHM's on my calendar and will check it every month.
41.(b)(8)	CG #1 and CG #3 went to an approved CPR and First Aid class and got current certificates. I placed the certificates in my CTA binder.		I will have all CG's get the CPR and First Aid certificates from a approved company, not on the internet from now on.

Primary Caregiver's Signature: 

Print Name: Danette Zimmerman

Date of Signature: 9/13/18